

General Assembly

Amendment

February Session, 2012

LCO No. 4010

HB0522904010HD0

Offered by:

REP. MEGNA, 97th Dist. SEN. CRISCO, 17th Dist. REP. SAMPSON, 80th Dist.

To: Subst. House Bill No. **5229**

File No. 214

Cal. No. 182

"AN ACT EXEMPTING CERTAIN ASSOCIATIONS FROM THE INSURANCE STATUTES."

- 1 In line 23, strike "on and after July 1,"
- 2 In line 24, strike "2012, and until July 1, 2015,"
- 3 In line 53, strike "On and after July 1," and insert in lieu thereof
- 4 "Except as provided in subsection (b) of section 38a-614, as amended
- 5 by this act, and section 38a-615, as amended by this act,"
- 6 In line 54, strike "2012, and until July 1, 2015,"
- After the last section, add the following and renumber sections and
- 8 internal references accordingly:
- 9 "Sec. 501. Section 38a-614 of the general statutes is repealed and the
- 10 following is substituted in lieu thereof (*Effective July 1, 2012*):

(a) [Reports] A society shall [be filed and] file reports and publish synopses of annual statements [shall be published] in accordance with the provisions of this [section] subsection.

- (1) [Every] Each domestic society transacting business in this state shall, annually, on or before the first day of March, unless the commissioner has extended such time for cause shown, [such time has been extended by the commissioner, I file with the commissioner, and electronically to the National Association of Insurance Commissioners, a true and complete statement of its financial condition, transactions and affairs for the preceding calendar year and pay a fee of ten dollars for filing the same. The statement shall be in general form and context as approved by the National Association of Insurance Commissioners for fraternal benefit societies and as supplemented by additional information required by the commissioner. An electronically filed true and complete report filed in accordance with section 38a-53a that is timely submitted to the National Association of Insurance Commissioners [does] shall not exempt a domestic [insurance company or health care center] society from timely filing a true and complete paper copy with the commissioner.
- (2) [Every] Each foreign society transacting business in this state shall, annually, on or before the first day of March, unless the commissioner has extended such time for cause shown, [such time has been extended by the commissioner,] file with the commissioner, and electronically to the National Association of Insurance Commissioners, a true and complete statement of its financial condition, transactions and affairs for the preceding calendar year and pay a fee of ten dollars for filing the same. The statement shall be in general form and context as approved by the National Association of Insurance Commissioners for fraternal benefit societies and as supplemented by additional information required by the commissioner. An electronically filed true and complete report filed in accordance with section 38a-53a that is timely submitted to the National Association of Insurance Commissioners shall be deemed to have been submitted to the commissioner in accordance with this [section] subsection.

(3) [A] Not later than June first, annually, each society shall print and mail to each benefit member of the society a synopsis of its annual statement [providing] that provides an explanation of the facts thereby disclosed concerning the condition of the society. [thereby disclosed shall be printed and mailed to each benefit member of the society not later than the first day of June of each year, or, in] In lieu thereof, a society may publish such synopsis [may be published] in the society's official publication.

(4) (A) As part of the annual statement [herein] required <u>under this subsection</u>, each society shall, <u>annually</u>, on or before the first day of March, file with the commissioner a valuation of its certificates in force on December thirty-first last preceding, provided the commissioner may, [in his discretion] for cause shown, extend the time for filing such valuation for not more than two calendar months. Such report of valuation shall show, as reserve liabilities, the difference between the present midyear value of the promised benefits provided in the certificates of such society in force and the present midyear value of the future net premiums as the same are in practice actually collected, not including therein any value for the right to make extra assessments and not including any amount by which the present midyear value of future net premiums exceeds the present midyear value of promised benefits on individual certificates.

(B) At the option of any society, in lieu of the [above] <u>valuation</u> <u>specified in subparagraph (A) of this subdivision</u>, the valuation may show the net tabular value. Such net tabular value as to certificates issued prior to January 1, 1959, shall be determined in accordance with the provisions of law applicable prior to January 1, 1958, and as to certificates issued on or after January 1, 1959, shall not be less than the reserves determined according to the Commissioners' Reserve Valuation method as hereinafter defined. If the premium charge is less than the tabular net premium according to the basis of valuation used, an additional reserve equal to the present value of the deficiency in such premiums shall be set up and maintained as a liability. The reserve liabilities shall be properly adjusted if the midyear or tabular

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(5) Reserves according to the Commissioners' Reserve Valuation method, for the life insurance and endowment benefits of certificates providing for a uniform amount of insurance and requiring the payment of uniform premiums, shall be the excess, if any, of the present value, at the date of valuation, of such future guaranteed benefits provided for by such certificates over the then present value of any future modified net premiums therefor. The modified net premiums for any such certificate shall be such uniform percentage of the respective contract premiums for such benefits that the present value, at the date of issue of the certificate, of all such modified net premiums shall be equal to the sum of the then present value of such benefits provided for by the certificate and the excess of (A) over (B), as follows: (A) A net level premium equal to the present value, at the date of issue, of such benefits provided for after the first certificate year, divided by the present value, at the date of issue, of an annuity of one per annum payable on the first and each subsequent anniversary of such certificate on which a premium falls due; provided such net level annual premium shall not exceed the net level annual premium on the nineteen year premium whole life plan for insurance of the same amount at an age one year higher than the age at issue of such certificate; and (B) a net one-year term premium for such benefits provided for in the first certificate year. Reserves according to the Commissioners' Reserve Valuation method for (i) life insurance benefits for varying amounts of benefits or requiring the payment of varying premiums, (ii) annuity and pure endowment benefits, (iii) disability and accidental death benefits in all certificates and contracts, and (iv) all other benefits except life insurance and endowment benefits shall be calculated by a method consistent with the principles of this subdivision.

(6) The present value of deferred payments due under incurred claims or matured certificates shall be deemed a liability of the society and shall be computed upon mortality and interest standards prescribed in subdivision (7) of this [section] <u>subsection</u>.

(7) Such valuation and underlying data shall be certified by a competent actuary or, at the expense of the society, verified by the actuary of the department of insurance of the state of domicile of the society. The minimum standards of valuation for certificates issued prior to January 1, 1959, shall be those provided by the law applicable immediately prior to January 1, 1958, but not lower than the standards used in the calculating of rates for such certificates. The minimum standard of valuation for certificates issued after January 1, 1959, shall be three and one-half per cent interest and the following tables: (A) For certificates of life insurance, American Men Ultimate Table of Mortality, with Bowerman's or Davis' Extension thereof or, with the consent of the Insurance Commissioner, the Commissioner's 1941 Standard Ordinary Mortality Table or the Commissioner's 1941 Standard Industrial Table of Mortality, or the Commissioners' 1958 Standard Ordinary Mortality Table, except that, with the approval of the commissioner, the valuation of contracts on female risks may be calculated, at the option of the society, according to an age not more than three years younger than the actual age of the insured; (B) for annuity certificates, including life annuities provided or available under optional modes of settlement in such certificates, the 1937 Standard Annuity Table; (C) for disability benefits issued in connection with life benefit certificates, Hunter's Disability Table, which, for active lives, shall be combined with a mortality table permitted for calculating the reserves on life insurance certificates, except that the table known as Class III Disability Table (1926), modified to conform to the contractual waiting period, shall be used in computing reserves for disability benefits under a contract which presumes that total disability shall be considered to be permanent after a specified period; (D) for accidental death benefits issued in connection with life benefit certificates, the Inter-Company Double Indemnity Mortality Table combined with a mortality table permitted for calculating the reserves for life insurance certificates; and (E) for noncancellable accident and health benefits, the Class III Disability Table (1926) with conference modifications or, with the consent of the commissioner, tables based upon the society's own experience. The commissioner may [, in the

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commissioner's discretion, accept other standards for valuation if the commissioner finds that the reserves produced thereby will not be less in the aggregate than reserves computed in accordance with the minimum valuation standard herein prescribed. The commissioner may, in his or her discretion, vary the standards of mortality applicable to all certificates of insurance on substandard lives or other extra hazardous lives by any society authorized to do business in this state. Whenever the mortality experience under all certificates valued on the same mortality table is in excess of the expected mortality according to such table for a period of three consecutive years, the commissioner may require additional reserves when deemed necessary in [his or her] the commissioner's judgment on account of such certificates. Any society, with the consent of the insurance commissioner of the state of domicile of the society and under such conditions, if any, [which the] that such commissioner may impose, may establish and maintain reserves on its certificates in excess of the reserves required thereunder, but the contractual rights of any insured member shall not be affected thereby.

- (8) A society [neglecting] doing business in this state that fails to file the annual statement in the form and within the time provided by this [section] subsection shall [forfeit] pay a late filing fee of one hundred seventy-five dollars per day for each day [during which such neglect continues] from the due date of such statement, and, upon notice by the commissioner to that effect, its authority to do business in this state shall cease while such [default] failure to file continues. The commissioner may waive the late filing fee if (A) the society cannot file such statement because the governor of such society's state of domicile has proclaimed a state of emergency in such state and such state of emergency impairs the society's ability to file the statement, or (B) the insurance regulatory official of the state of domicile of a foreign benefit society has permitted the society to file such statement late.
- (9) Notwithstanding the provisions of this [section] <u>subsection</u>, a society may, with the approval of the Insurance Commissioner, use the standards for valuation and nonforfeiture authorized by the provisions

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182 of sections 38a-61, 38a-77, 38a-78, 38a-81, 38a-82, 38a-284, 38a-287, 38a-183 430 to 38a-454, inclusive, and 38a-458.

- 184 (b) Each association that is (1) a tax-exempt organization under 185 Section 501(c)(23) of the Internal Revenue Code of 1986, or any 186 subsequent corresponding internal revenue code of the United States, 187 as amended from time to time, (2) doing business in this state, and (3) 188 not licensed under sections 38a-595 to 38a-626, inclusive, as amended 189 by this act, 38a-631 to 38a-640, inclusive, and 38a-800, shall, annually, on or before the first day of May, file with the commissioner a true and 190 191 complete financial statement audited by an independent certified 192 public accountant or accounting firm of its financial condition, 193 transactions and affairs for the preceding calendar year and pay a fee 194 of ten dollars for filing the same.
- Sec. 502. Section 38a-615 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2012*):
- (a) In addition to the annual report required under section 38a-614, as amended by this act, the commissioner, when [he] the commissioner deems it necessary, may require any fraternal benefit society licensed under sections 38a-595 to 38a-626, inclusive, as amended by this act, 38a-631 to 38a-640, inclusive, and 38a-800, or any association set forth in subsection (b) of section 38a-614, as amended by this act, to file financial statements on a quarterly basis.
 - (b) In addition to such annual report and the quarterly report required under subsection (a) of this section, the commissioner, whenever the commissioner determines that more frequent reports are required because of certain factors or trends affecting companies writing a particular class or classes of business or because of changes in the company's management or financial or operating condition, may require any fraternal benefit society licensed under sections 38a-595 to 38a-626, inclusive, as amended by this act, 38a-631 to 38a-640, inclusive, and 38a-800, or any association set forth in subsection (b) of section 38a-614, as amended by this act, to file financial statements on

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other than an annual or quarterly basis.

215 (c) If, in the opinion of the commissioner, an association set forth in 216 subsection (b) of section 38a-614, as amended by this act, has not 217 maintained qualified assets, as defined in section 38a-71, sufficient to meet its liabilities and minimum capital and minimum surplus 218 219 requirements as determined by the commissioner, the commissioner 220 may order such association to increase its capital and surplus. If the 221 association is unable to satisfy such order, the commissioner may order 222 such association to cease and desist from assuming any additional liabilities in this state until such time as the association is able to satisfy 223 224 the capital and surplus requirements ordered by the commissioner."

This act shall take effect as follows and shall amend the following sections:		
Sec. 501	July 1, 2012	38a-614
Sec. 502	July 1, 2012	38a-615